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					Decembe	x 12,2005	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTO	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/037,353	12/21/2001	L	Sumio Kawai			SAS2-PT044	6450
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Typed or printed name _	Ryan W. O'Do	onnell			Registration	<u>cember 12, 3</u> 53,401	
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Firm Name	VOLPE AND KOENI	G, P.C.					
Signature	Ryan W. O.	Den	u				
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Under the Parkeyork Reduction PAPEN 00 01 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/037,353 FEE TRANSMIT December 21, 2001 Filing Date For FY 2005 Sumio Kawai First Named Inventor **Examiner Name** Nelson D. Hernandez Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2612 (\$) 1,730.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. SAS2-PT044 METHOD OF PAYMENT (check all that apply) Check X Credit Card Other (please identify): Money Order None 22-0493 Deposit Account Deposit Account Number: Deposit Account Name: Volpe and Koenig, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 200 Design 100 100 130 65 50 200 Plant 160 100 300 150 80 Reissue 300 150 500 600 300 250 **Provisional** 200 100 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Fee Paid (\$) **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0.00 Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Extra Sheets Total Sheets** 0.00 / 50 = (round up to a whole number) x - 100 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Issue Fee; Publication Fee; Copies (10) 1.730.00

SUBMITTED BY						
Signature	Eyan W. O'Davill	Registration No. 53,401 (Attorney/Agent)	Telephone 215-568-6400			
Name (Print/Type	Ryan W. O'Donnell		Date December 12, 2005)			

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